

PART B - FEE(S) TRANSMITTAL

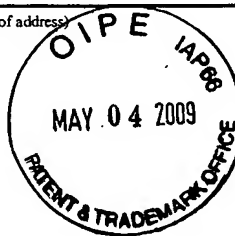
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23117 7590 02/04/2009

NIXON & VANDERHYE, PC
 901 NORTH GLEBE ROAD, 11TH FLOOR
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| (Depositor's name) |
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| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 10/775,131 | 02/11/2004 | Tokunori Kimura | 2382-33 | 2454 |

TITLE OF INVENTION: MRI APPARATUS AND ASL IMAGING TECHNIQUE

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE FEE | TOTAL FEE(S) DUE | DATE DUE |
|-------------------|--------------|---------------|---------------------|---------------------------------------|------------------|------------|
| nonprovisional | NO | \$1510 | \$300 | \$0 | \$1810 | 05/04/2009 |
| EXAMINER | | ART UNIT | CLASS-SUBCLASS | 05/05/2009 DEMMANU2 00000096 10775131 | | |
| CATTUNGAL, SANJAY | | 3768 | 324-306000 | 01 FC:1501 | 1510.00 OP | |
| | | | | 02 FC:1504 | 300.00 OP | |
| | | | | 03 FC:1501 | 3.00 OP | |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. NIXON & VANDERHYE PC

2. _____

3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

KABUSHIKI KAISHA TOSHIBA

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

MINATO-KU, TOKYO, JAPAN

TOSHIBA MEDICAL SYSTEMS CORPORATION

OTAWARA-SHI, TOCHIGI-KEN, JAPAN

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee
- ☒ Publication Fee (No small entity discount permitted)
- ☒ Advance Order - # of Copies 1

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- ☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 14-1140 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Larry S. Nixon

Date MAY 4, 2009

Typed or printed name LARRY S. NIXON

Registration No. 25,640

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